

_____ Plaintiff Employer	_____ Defendant	PETITION FOR INJUNCTION AGAINST WORKPLACE HARASSMENT <input type="checkbox"/> MODIFIED
_____ Authorized Agent Requesting Relief	_____ Address	
_____ Relationship of Agent to Employer	_____ City, State, Zip Code, Telephone	
		_____ Case Number

1. The relationship of the Defendant to the person(s) harassed is: _____

Name of person harassed if known: _____

2. Harassment means a single threat or act of physical harm or damage or a series of acts over any period of time towards the employer or any person who enters the employer's property or who is performing official work duties that would cause a reasonable person to be seriously alarmed or annoyed. List the harassment by the Defendant (be as specific as possible, giving the date or approximate date for each action):

Date(s) **Describe what happened**

3. Is there or has there been any court case or court order with similar conduct involving the parties listed above? ☐ No ☐ Yes: If known: date, name of court, facts of case:

4. If the Court does not grant your request today, without notice to the Defendant, what serious harm may occur:

5. I ask this Court to order the Defendant not to commit an act of harassment against me and/or persons named below and/or against my property AND make the following Order(s) (list which orders you want):

☐ Order the Defendant not to contact me: ☐ in person; ☐ by phone; ☐ in writing; ☐ _____

DESCRIPTION OF DEFENDANT

SEX	RACE	DATE OF BIRTH	HEIGHT	WEIGHT	EYES	HAIR	SOC.SEC.NO.

ALIAS (If Known): _____

Defendant is: ☐ Military ☐ Law Enforcement

ORIGINAL – Court

COPY – Plaintiff

COPY - Defendant

DO NOT FILL OUT ADDRESSES AND/OR PHONE NUMBERS BELOW IF YOU WANT THEM KEPT PRIVATE

The following persons should be included within the protection of this Order for the following reasons:

Name and Work Address if different than yours or plaintiff employer (do not include yourself)	Relationship to you or plaintiff employer	Reason(s)
Name:		
Work Address:		
Name:		
Work Address:		
Name:		
Work Address:		
Name:		
Work Address:		
Name:		
Work Address:		
Name:		
Work Address:		

- ☐ Order the Defendant not to come on or near:
- ☐ Place of employment (Name and Address): _____
Does the Defendant also work there? ☐ Yes ☐ No
 - ☐ Other address: _____
- ☐ Other requests: _____

Employer or Agent's Signature Date Attorney's Signature Date

Employer's Name

VERIFICATION

I swear or affirm that the contents of this Petition are true to the best of my knowledge.

Employer or Agent's Signature Date

SUBSCRIBED AND SWORN to before me on _____
Judicial Officer/Clerk/Notary Date

ORIGINAL – Court

COPY – Plaintiff

COPY - Defendant